JJW AF\$

Effetive 12/08/2004. Ses pursuant to the Consolidated Appropriations Act, 2005 (H.R.4818)		, Coi		
ges pursuant to the Consolidated Appropria	uons Act, 2005 (H.R.4616)	Application Number	09/922,060	
EEE TOANISM	/ITT A I	Filing Date	August 3, 2001	
FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	PAI et al.	r
		Art Unit	1753	
		Examiner Name	Kishor Mayekar	
TOTAL AMOUNT OF PAYMENT	\$1,520.00	Attorney Docket Number	12492.0047	
METHOD OF PAYMENT (che	ck all that apply)	<u> </u>		

METHOD OF PA	AYMENT (checi	k all that apply	/)				
Check Cr		Money Order	None		lease identify); _		
Deposit Account	Deposit Account No	umber:19-4293	B De	posit Account Name:	Steptoe	<u>& Johnson</u>	LLP_
For the above-ide	entified deposit ac s) indicated below	•		authorized to: (darge fee(s) indic		,	iling fee
5 7			E 2	·			-
	additional fee(s) of er 37 CFR 1.16 au		nts 🔀 Cre	edit any overpay	ments		
WARNING: information on th authrorization on PTO-2038.			Information shou	ıld not be included	on this form. Pro	ovide credit card in	ormation and
authrorization on P10-2038.							
FEE CALCULATION	l						
1. BASIC FILING,SEA	RCH, AND EXAM	MINATION FEE	s				
	FILING	FEES	SEAR	CH FEES	EXAMINA	TION FEES	
Application Type	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design Plant	200 200	100 100	100 300	50 150	130 160	65 80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES						
Fee Description						Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (inc		-i\				50 200	25
Each independent claim Multiple dependent clair		eissues)				200 360	100 180
Total Claims	Extra Claims	s Fee(\$) Fee	e Paid(\$)	N.	lultiple Depend	dent Claims	
<u>0</u> -20 or l	-IP+ 0	x 25 =	\$	1.7	Fee(\$)	Fee Paid (\$)	
HP = highest number of to Indep. Claims	otal daims paid for, if g Extra Claims		e Paid(\$)				
0 -3 or H	P+ <u>0</u>	x200 =	0.00				
HP = highest number of it	ndependent daims pai	d for, if greater than :	3				
3. APPLICATION SIZE	E FEE						
If the specification and 37 CFR 1.52(e)), th thereof. See 35 U.	e application size	fee due is \$250	0 (\$125 for sn				
<u>Total Sheets</u>	Extra Sheets			ional 50 or frac	tion thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0 Id up to a whole m	umber)		0		\$250	\$0
(louil	o ap to a militeri	,					
4. OTHER FEE(S)	Notic	e of App	eal and	Three M	lonth		
	Ext	tension o	of Time			F	ees Paid (\$)
		···				_	\$1,520.00
 .						-	, . , 0 = 0 ! 0 0

SUBMITTED BY					
Signature	082	Registration No.	53,638	Telephone	(202) 429-3000
Name (Print/Type)	C. Donald Stevens			Date	6/28/06